PTO/SE/22 (12-04)
Approved for use through 7/31/2008, OMB 0651-0031
U.S. Petent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE

Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$ Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 \$ X Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment Deposit Account Number O3-1952 I have enclosed a duplicate copy of this-sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number X attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
Application Number 09/002,413 Filed January 2, 1998 For USE OF PIGMENTED RETINAL EPITHELIAL CELLS FOR CREATION OF AN IMMUNE PRIVILEGE SITE Art Unit 1632 Examiner M. Wilson This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below the requested extension and fee are as follows (check time period desired and enter the appropriate fee below the requested extension and fee are as follows (check time period desired and enter the appropriate fee below to months (37 CFR 1.17(a)(1)) \$120 \$60 \$ Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$ Three months (37 CFR 1.17(a)(3)) \$1020 \$510 \$510.0 \$	FY 2005			311772000500	
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	Bignature			July 26, 2005	
_		Gladys H. Monroy		Date (650) 819 6711	
Typed or printed name Telephone Number				(650) 813-5711 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if no than one signature is required, see below. X Total of 1 forms are submitted.	DEEL OUG SABLE	Swith it indition, see Delbw.	interest or their repro	sontative(s) are required. :	SUDmit multiple forms if more

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